LOUDOUN WATER

WWW.LOUDOUNWATER.ORG

PO Box 4000 | 44865 Loudoun Water Way | Ashburn, VA 20146
TEL 571.291.7700 | FAX 571.223.2910

January 14, 2015

Ms. Alison Thompson, Water Permits Technical reviewer
Virginia Department of Environmental Quality
Northern Virginia Regional Office
13901 Crown Court
Woodbridge, Virginia 22193

Subject: VICA/SkillsUSA WWTP
VPDES Permit No. VA0061280

Dear Ms. Thompson,

Enclosed for your review is Loudoun Water's application for our 2015 VPDES permit reissuance.

With this reissuance, Loudoun Water respectfully requests consideration of a modification to the VPDES permit in the form of seasonal discharge limits for Ammonia Nitrogen (NH3-N), rather than a single year round limit. We anticipate the seasonal limits would apply to December 1 to May 31 (Winter) and June 1 to November 30 (Summer) and would be based on an evaluation of water quality criteria, waste load allocations, and effluent ammonia concentrations.

This request is based on three years of operational data (2012 – 2014) in which monthly monitoring results are almost consistently below quantification limits.

Please contact Bruce Ringrose (571.291.7835) at Loudoun Water if you have any questions.

Sincerely,

Charles Logue, PE – Executive Director
Production and Asset Management

CC: Tom Broderick, PE
Ben Shoemaker, PE
Frank Stokes
Bruce Ringrose, PE

Attachments: General Form 1
NPDES Form 2A
Area Topo Plan, Aerial Site View, and Sludge Disposal Haul Route
Permit Application Addendum
Sludge Permit Reissuance Application
Wastewater Discharge - 3-Yr Data Summary
Public Notice Billing Release

Please print or type in the unshaded areas only (fill—in areas are spaced for elite type, i.e., 12 ch (inch). Form Appro OMB No. 2040-0086.

FORM 1 GENERAL — EPA

ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

II. EPA I.D. NUMBER

S													T/A	C.
F														D
1	2											13	14	15

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill—in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill—in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold—faced terms.**

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.?** (FORM 2A)	X		X
C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)		X	
E. Does or will this facility treat, store, or dispose of **hazardous wastes?** (FORM 3)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge to waters of the U.S.?** (FORM 2B)		X	
D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.?** (FORM 2D)		X	
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area?** (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP: Skills USA/VICA Wastewater Treatment Plant

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 Jennings, Fred E., Chief Executive Officer	571 - 291 - 7700

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX: 3 PO Box 4000

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 Ashburn	VA	20146

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER: 5 14001 James Monroe Highway

B. COUNTY NAME: Loudoun

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
6 Leesburg	VA	20176	

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST	B. SECOND
4952 (specify) Sewerage System	N/A (specify) N/A
C. THIRD	**D. FOURTH**
N/A (specify) N/A	N/A (specify) N/A

VIII. OPERATOR INFORMATION

A. NAME

Loudoun County Sanitation Authority d/b/a Loudoun Water

B. Is the name listed in Item VIII-A also the owner? [X] YES [ ] NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)

F = FEDERAL; S = STATE; P = PRIVATE; M = PUBLIC (other than federal or state); O = OTHER (specify)

M (specify)

D. PHONE (area code & no.)

A 571 291 7700

E. STREET OR P.O. BOX

PO Box 4000

F. CITY OR TOWN

Ashburn

G. STATE VA

H. ZIP CODE 20146

IX. INDIAN LAND

Is the facility located on Indian lands? [ ] YES [X] NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)	D. PSD (Air Emissions from Proposed Sources)
9 N VA0061280	9 P N/A
B. UIC (Underground Injection of Fluids)	**E. OTHER (specify)**
9 U N/A	9 N/A (specify)
C. RCRA (Hazardous Wastes)	**E. OTHER (specify)**
9 R N/A	9 N/A (specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property bounderies. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

The Loudoun County Sanitation Authority is a public body politic and corporate created under the provisions of the Virginia Water and Sewer Authorities Act for the purpose of providing public water and sewer to unincorporated areas within Loudoun County, Virginia. The Skills USA/VICA Wastewater Treatment Plant is owned and operated by Loudoun Water, and treats wastewater flow from Skills USA/Vocational Industrial Clubs of America Administrative Office Building.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
Jennings, Fred E., Chief Executive Officer		1/13/15

COMMENTS FOR OFFICIAL USE ONLY

C

FACILITY NAME AND PERMIT NUMBER:
Loudoun Water - VICA/SkillsUSA WWTP - VPDES # VA0061280

Form Approved 1/14/99
OMB Number 2040-0086

FORM 2A NPDES

NPDES FORM 2A APPLICATION OVERVIEW

APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.

B. **Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.

C. **Certification.** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to provide the information.

E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to submit results of toxicity testing.

F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:

1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
2. Any other industrial user that:
   a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
   b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
   c. Is designated as an SIU by the control authority.

G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name: VICA/Skills USA Wastewater Treatment Plant

Mailing Address: Loudoun Water - PO Box 4000, Ashburn, VA 20147

Contact person: Ben Shoemaker, PE

Title: Manager of Community Systems

Telephone number: (571) 291-7937

Facility Address (not P.O. Box): 14001 James Monroe Hwy (US Rte 15N), Leesburg, VA 20176

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name: Loudoun County Sanitation Authority d/b/a Loudoun Water

Mailing Address: PO Box 4000
Ashburn, VA 20147

Contact person: Fred E. Jennings

Title: Chief Executive Officer

Telephone number: (571) 291-7700

Is the applicant the owner or operator (or both) of the treatment works?

✓ owner ✓ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

_____ facility ✓ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES	VA 0061280	PSD	
UIC		Other	
RCRA		Other	

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
Adult Edu/Training Facility	50	Separate	Loudoun Water
	(Daytime Only)		

Total population served 50

A.5. Indian Country.

a. Is the treatment works located in Indian Country?

_____ Yes ✓ No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

_____ Yes ✓ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate 0.0042 mgd

	Two Years Ago	Last Year	This Year	
b. Annual average daily flow rate	0.0027	0.0027	0.0028	mgd
c. Maximum daily flow rate	0.0036	0.0035	0.0044	mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

✓ Separate sanitary sewer 100 %

_____ Combined storm and sanitary sewer _____ %

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? ✓ Yes _____ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 1

ii. Discharges of untreated or partially treated effluent --

iii. Combined sewer overflow points --

iv. Constructed emergency overflows (prior to the headworks) --

v. Other _____ --

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? ✓ Yes _____ No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge _____ continuous or _____ intermittent?

c. Does the treatment works land-apply treated wastewater? _____ Yes ✓ No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ Mgd

Is land application _____ continuous or _____ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? _____ Yes ✓ No

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter name: _____

Mailing Address: _____

_____

Contact person: _____

Title: _____

Telephone number: _____

For each treatment works that receives this discharge, provide the following:

Name: _____

Mailing Address: _____

_____

Contact person: _____

Title: _____

Telephone number: _____

If known, provide the NPDES permit number of the treatment works that receives this discharge. _____

Provide the average daily flow rate from the treatment works into the receiving facility. _____ mgd

e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)? _____ Yes ✓ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

_____

Annual daily volume disposed of by this method: _____

Is disposal through this method _____ continuous or _____ intermittent?

FACILITY NAME AND PERMIT NUMBER:
Loudoun Water - VICA/SkillsUSA WWTP - VPDES # VA0061280

Form Approved 1/14/99
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WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 **once for each outfall** (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. **If you answered "no" to question A.8.a**, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

a. Outfall number: 001

b. Location: 13997 James Monroe Highway (US Route 15) (City or town, if applicable); 20176 (Zip Code)
Loudoun County (County); VA (State)
N 39 Deg 13 Min 45.92 Secs (Lat & Long Field Verified) (Latitude); W 77 Deg 31 Min 48.72 Secs (Longitude)

c. Distance from shore (if applicable): 0 ft.

d. Depth below surface (if applicable): 0 ft.

e. Average daily flow rate: 0.0027 mgd

f. Does this outfall have either an intermittent or a periodic discharge? ✓ Yes ____ No (go to A.9.g.)

If yes, provide the following information:

Number of times per year discharge occurs: 40-60

Average duration of each discharge: 4-6 hours/day

Average flow per discharge: 0.0032 mgd

Months in which discharge occurs: Jan to Dec

g. Is outfall equipped with a diffuser? ____ Yes ✓ No

A.10. Description of Receiving Waters.

a. Name of receiving water: Clark's Run

b. Name of watershed (if known): Potomac River

United States Soil Conservation Service 14-digit watershed code (if known): ____

c. Name of State Management/River Basin (if known): Potomac River Basin

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): 0207008

d. Critical low flow of receiving stream (if applicable):
acute ____ cfs chronic ____ cfs

e. Total hardness of receiving stream at critical low flow (if applicable): ____ mg/l of $CaCO_3$

FACILITY NAME AND PERMIT NUMBER:
Loudoun Water - VICA/SkillsUSA WWTP - VPDES # VA0061280

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A.11. Description of Treatment.

a. What levels of treatment are provided? Check all that apply.

____ Primary ✓ Secondary

____ Advanced ____ Other. Describe: Advanced Secondary - NH3 Reduction

b. Indicate the following removal rates (as applicable):

Design BOD_5 removal or Design $CBOD_5$ removal	85	%
Design SS removal	85	%
Design P removal	N/A	%
Design N removal	70 of NH3-N	%
Other _____	_____	%

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

Calcium Hypochlorite

If disinfection is by chlorination, is dechlorination used for this outfall? ✓ Yes ____ No

d. Does the treatment plant have post aeration? ✓ Yes ____ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.6	s.u.			
pH (Maximum)	8.3	s.u.			
Flow Rate	0.0044	mgd	0.0027	mgd	127
Temperature (Winter)	4.3 Minimum	Degrees C	15	Degees C	65 (Dec-May)
Temperature (Summer)	24.8 Maximum	Degrees C	19.6	Degrees C	63 (Jun- Nov)

* For pH please report a minimum and a maximum daily value

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.								
BIOCHEMICAL OXYGEN	BOD-5	30	mg/L	4.1	mg/L	36	SM-5210B	2 mg/L
DEMAND (Report one)	CBOD-5	--	--	--	mg/L	--	--	--
FECAL COLIFORM		1.0 as E.coli	N/100 mL	<1-1.0 E. coli	N GMean	12	EPA 10029	1 per 100 mL
TOTAL SUSPENDED SOLIDS (TSS)		22.4	mg/L	4.34	mg/L	35	SM-2540D	1 mg/L

END OF PART A.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

_____gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

_____

_____

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

a. The area surrounding the treatment plant, including all unit processes.

b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.

c. Each well where wastewater from the treatment plant is injected underground.

d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.

e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.

f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g, chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ____Yes ____No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

_____

Telephone Number: _____

Responsibilities of Contractor: _____

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

None

b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

____Yes ____No

c If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

_____

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM / DD / YYYY	Actual Completion MM / DD / YYYY
– Begin construction	___/___/_____	___/___/_____
– End construction	___/___/_____	___/___/_____
– Begin discharge	___/___/_____	___/___/_____
– Attain operational level	___/___/_____	___/___/_____

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ____Yes ____No

Describe briefly: _____

_____

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: N/A

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)							
CHLORINE (TOTAL RESIDUAL, TRC)							
DISSOLVED OXYGEN							
TOTAL KJELDAHL NITROGEN (TKN)							
NITRATE PLUS NITRITE NITROGEN							
OIL and GREASE							
PHOSPHORUS (Total)							
TOTAL DISSOLVED SOLIDS (TDS)							
OTHER							

END OF PART B.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:
Loudoun Water - VICA/SkillsUSA WWTP - VPDES # VA0061280

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

✓ Basic Application Information packet

Supplemental Application Information packet:

_____ Part D (Expanded Effluent Testing Data)

_____ Part E (Toxicity Testing: Biomonitoring Data)

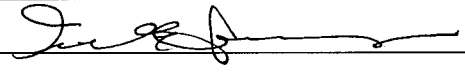
_____ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

_____ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title: Fred E. Jennings, Chief Executive Officer

Signature: 

Telephone number: (571) 291-7700

Date signed: 1/13/15

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Treatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: N/A (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.											
ANTIMONY											
ARSENIC											
BERYLLIUM											
CADMIUM											
CHROMIUM											
COPPER											
LEAD											
MERCURY											
NICKEL											
SELENIUM											
SILVER											
THALLIUM											
ZINC											
CYANIDE											
TOTAL PHENOLIC COMPOUNDS											
HARDNESS (AS $CaCO_3$)											
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer.											

FACILITY NAME AND PERMIT NUMBER:
Loudoun Water - VICA/SkillsUSA WWTP - VPDES # VA0061280

Form Approved 1/14/99
OMB Number 2040-0086

Outfall number: N/A (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
VOLATILE ORGANIC COMPOUNDS.											
ACROLEIN											
ACRYLONITRILE											
BENZENE											
BROMOFORM											
CARBON TETRACHLORIDE											
CLOROBENZENE											
CHLORODIBROMO-METHANE											
CHLOROETHANE											
2-CHLORO-ETHYLVINYL ETHER											
CHLOROFORM											
DICHLOROBROMO-METHANE											
1,1-DICHLOROETHANE											
1,2-DICHLOROETHANE											
TRANS-1,2-DICHLORO-ETHYLENE											
1,1-DICHLOROETHYLENE											
1,2-DICHLOROPROPANE											
1,3-DICHLORO-PROPYLENE											
ETHYLBENZENE											
METHYL BROMIDE											
METHYL CHLORIDE											
METHYLENE CHLORIDE											
1,1,2,2-TETRACHLORO-ETHANE											
TETRACHLORO-ETHYLENE											
TOLUENE											

FACILITY NAME AND PERMIT NUMBER:
Loudoun Water - VICA/SkillsUSA WWTP - VPDES # VA0061280

Form Approved 1/14/99
OMB Number 2040-0086

Outfall number: N/A (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
1,1,1-TRICHLOROETHANE											
1,1,2-TRICHLOROETHANE											
TRICHLORETHYLENE											
VINYL CHLORIDE											
Use this space (or a separate sheet) to provide information on other volatile organic compounds requested by the permit writer.											
ACID-EXTRACTABLE COMPOUNDS											
P-CHLORO-M-CRESOL											
2-CHLOROPHENOL											
2,4-DICHLOROPHENOL											
2,4-DIMETHYLPHENOL											
4,6-DINITRO-O-CRESOL											
2,4-DINITROPHENOL											
2-NITROPHENOL											
4-NITROPHENOL											
PENTACHLOROPHENOL											
PHENOL											
2,4,6-TRICHLOROPHENOL											
Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer.											
BASE-NEUTRAL COMPOUNDS.											
ACENAPHTHENE											
ACENAPHTHYLENE											
ANTHRACENE											
BENZIDINE											
BENZO(A)ANTHRACENE											
BENZO(A)PYRENE											

FACILITY NAME AND PERMIT NUMBER:
Loudoun Water - VICA/SkillsUSA WWTP - VPDES # VA0061280

Form Approved 1/14/99
OMB Number 2040-0086

Outfall number: N/A (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
3,4 BENZO-FLUORANTHENE											
BENZO(GHI)PERYLENE											
BENZO(K)FLUORANTHENE											
BIS (2-CHLOROETHOXY) METHANE											
BIS (2-CHLOROETHYL)-ETHER											
BIS (2-CHLOROISO-PROPYL) ETHER											
BIS (2-ETHYLHEXYL) PHTHALATE											
4-BROMOPHENYL PHENYL ETHER											
BUTYL BENZYL PHTHALATE											
2-CHLORONAPHTHALENE											
4-CHLORPHENYL PHENYL ETHER											
CHRYSENE											
DI-N-BUTYL PHTHALATE											
DI-N-OCTYL PHTHALATE											
DIBENZO(A,H) ANTHRACENE											
1,2-DICHLOROBENZENE											
1,3-DICHLOROBENZENE											
1,4-DICHLOROBENZENE											
3,3-DICHLOROBENZIDINE											
DIETHYL PHTHALATE											
DIMETHYL PHTHALATE											
2,4-DINITROTOLUENE											
2,6-DINITROTOLUENE											
1,2-DIPHENYLHYDRAZINE											

FACILITY NAME AND PERMIT NUMBER:
Loudoun Water - VICA/SkillsUSA WWTP - VPDES # VA0061280

Form Approved 1/14/99
OMB Number 2040-0086

Outfall number: N/A (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
FLUORANTHENE											
FLUORENE											
HEXACHLOROBENZENE											
HEXACHLOROBUTADIENE											
HEXACHLOROCYCLO-PENTADIENE											
HEXACHLOROETHANE											
INDENO(1,2,3-CD)PYRENE											
ISOPHORONE											
NAPHTHALENE											
NITROBENZENE											
N-NITROSODI-N-PROPYLAMINE											
N-NITROSODI- METHYLAMINE											
N-NITROSODI-PHENYLAMINE											
PHENANTHRENE											
PYRENE											
1,2,4-TRICHLOROBENZENE											
Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.											
Use this space (or a separate sheet) to provide information on other pollutants (e.g., pesticides) requested by the permit writer.											

END OF PART D.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

____chronic ____acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

	Test number:_____	Test number:_____	Test number:_____
a. Test information.			
Test species & test method number			
Age at initiation of test			
Outfall number			
Dates sample collected			
Date test started			
Duration			
b. Give toxicity test methods followed.			
Manual title			
Edition number and year of publication			
Page number(s)			
c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.			
24-Hour composite			
Grab			
d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)			
Before disinfection			
After disinfection			
After dechlorination			

	Test number:_____	Test number:_____	Test number:_____
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:			
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity			
Acute toxicity			
g. Provide the type of test performed.			
Static			
Static-renewal			
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.			
Laboratory water			
Receiving water			
i. Type of dilution water. It salt water, specify "natural" or type of artificial sea salts or brine used.			
Fresh water			
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH			
Salinity			
Temperature			
Ammonia			
Dissolved oxygen			
l. Test Results.			
Acute:			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

Chronic:			
NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			
m. Quality Control/Quality Assurance.			
Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes____No If yes, describe: _____

_____

_____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: _____ (MM/DD/YYYY)

Summary of results: (see instructions)

_____

_____

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

____Yes ____No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. _____

b. Number of CIUs. _____

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: _____

Mailing Address: _____

_____

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

_____

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): _____

Raw material(s): _____

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

_____ gpd (_____continuous or _____intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

_____ gpd (_____continuous or _____intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ____Yes ____No

b. Categorical pretreatment standards ____Yes ____No

If subject to categorical pretreatment standards, which category and subcategory?

_____

F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____Yes____No If yes, describe each episode.

_____

_____

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ___No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ____No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

_____

_____

_____

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

_____

_____

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

_____

_____

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

_____

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number _____

b. Location

_____
(City or town, if applicable) (Zip Code)

_____
(County) (State)

_____
(Latitude) (Longitude)

c. Distance from shore (if applicable) _____ ft.

d. Depth below surface (if applicable) _____ ft.

e. Which of the following were monitored during the last year for this CSO?

____Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: _____

b. Name of watershed/river/stream system: _____

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin: _____

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

_____

_____

END OF PART G.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

VPDES Permit Application Addendum (SkillsUSA/VICA 2015 Permit Re-Issue)

1. **Entity to whom the permit is to be issued**: Loudoun County Sanitation Authority d/b/a Loudoun Water
   Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. **Is this facility located within city or town boundaries?** Y / **N**

3. **Provide the tax map parcel number for the land where the discharge is located.**
   PIN 178-40-1970-000
4. **For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities?** 0

5. **What is the design average effluent flow of this facility?** 0.0042 MGD
   For industrial facilities, provide the max. 30-day average production level, include units:
   N/A

   In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Y / **N**
   If "Yes", please identify the other flow tiers (in MGD) or production levels: _____
   Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?

6. **Nature of operations generating wastewater**:
   Domestic wastewater from commercial office building

   100 % of flow from domestic connections/sources
   Number of private residences to be served by the treatment works: N/A

   _____% of flow from non-domestic connections/sources

7. **Mode of discharge**: ____Continuous __**X**__ Intermittent ____Seasonal
   Describe frequency and duration of intermittent or seasonal discharges: Typically once per week for 4-6 hours as required

8. **Identify the characteristics of the receiving stream at the point just above the facility's discharge point:**
   __ Permanent stream, never dry
   X Intermittent stream, usually flowing, sometimes dry (Clark's Run)
   __ Ephemeral stream, wet-weather flow, often dry
   __ Effluent-dependent stream, usually or always dry without effluent flow
   __ Lake or pond at or below the discharge point
   __ Other: _____

9. **Approval Date(s)**:
   O & M Manual July 6, 1998 **Sludge/Solids Management Plan** July 11, 1988

   Have there been any changes in your operations or procedures since the above approval dates? Y / **N**
   No changes since last permit re-issue.

VPDES Sewa ludge Permit Application for P t Reissuance

Instructions

WHO MUST SUBMIT THE APPLICATION - All facilities with a current VPDES Permit that authorizes the discharge of treated sewage wastewater that are applying for reissuance must complete and submit this application.
Part 1 is general information to be provided by all facilities.
Part 2 must be completed by all facilities that generate Class A or Class B biosolids that are land applied.
Part 3 must be completed by all facilities that land apply Class B biosolids.

Part 1 – Sludge Disposal Management (To be completed by all facilities)

Facility Name: VICA/SkillsUSA WWTP **VPDES Permit No:** VA0061280

1. Shipment Off Site for Treatment or Blending

Is sewage sludge from your facility sent to another facility that provides treatment or blending? ☒ Yes ☐ No

If you send sewage sludge to more than one facility, attach additional sheets as necessary.

Shipment off site is: ☒ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Receiving Facility Name: Loudoun Water - Broad Run WRF

b. Receiving Facility VPDES Permit No.: VA0091383

c. Include an acceptance letter from the Receiving Facility.

d. Receiving Facility's ultimate disposal method for sewage sludge: Anaerobic Digestion & Class B Land Application

2. Disposal in a Municipal Solid Waste Landfill

Is sewage sludge from your facility placed in a municipal solid waste landfill? ☐ Yes ☒ No

If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.

Landfilling is: ☐ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Landfill Name: _____

b. Landfill Permit No.: _____

c. Include an acceptance letter from the landfill.

3. Incineration

Is sewage sludge from your facility fired in a sewage sludge incinerator? ☐ Yes ☒ No

Incineration is: ☐ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired? ☐ Yes ☐ No

If yes, provide the Air Registration No. _____

If no, complete items b - d for each incinerator that you do not own or operate.

b. Facility Name: _____

c. Air Registration No.: _____

d. Include an acceptance letter from the Incinerator.

4. Class A Biosolids

Do you produce Class A biosolids for land application or distribution and marketing? If yes, complete Part 2. ☐ Yes ☒ No

Are Class A biosolids from your facility land applied in bulk? ☐ Yes ☐ No

Do you sell or give away Class A biosolids in a bag or other container for application to the land? If yes, provide the VDACS certification number? ☐ Yes ☐ No

_____

5. Class B Biosolids

Do you produce Class B biosolids? If yes, complete Part 2. ☐ *Yes* ☒ *No*

Are Class B biosolids from your facility land applied land applied under the authorization of this VPDES Permit? If yes, complete Part 3. ☐ *Yes* ☒ *No*

6. Land Application Under a Separate Permit

Are biosolids from your facility land applied under the authorization of a permit other than your VPDES Permit? ☒ Yes ☐ No

Biosolids are land applied under the authorization of a ☒ VPA permit ☒ Another VPDES Permit ☐ Out of State

Complete items a - c for each VPA permit authorized to land apply biosolids from your facility.

a. Permittee Name	b. Permit No.
Loudoun Water - Broad Run WRF - Treatment	VA0091383
Synagro, Inc. - Class B Land Application	VPA00813

c. Include copy of any information you provide to the Receiving VPDES or VPA Permittee to comply with the "notice and necessary information" requirement of 9VAC25-31-530 F.

Part 2 – Biosolids Characterization (To be completed by all facilities that generate biosolids that are land applied.)

1. Have there been changes to sludge treatment processes or storage facilities since the previous permit issuance/reissuance? ☐ Yes ☐ No
2. Do the biosolids generated under this permit that will be land applied meet one of the Class A pathogen requirements in 9VAC25-31-710 A 3 through A 8 or Class B pathogen requirements in 9VAC25-31-710 B 1 through B 4? ☐ Yes ☐ No

   Identify the pathogen reduction option utilized to demonstrate compliance with the pathogen reductions requirements and provide the data that demonstrate compliance with the applicable alternative. _____
3. Do the biosolids generated under this permit that will be land applied meet one of the vector attraction reduction requirements in 9VAC25-31-720 B 1 through B 10? ☐ Yes ☐ No

   Identify the vector attraction reduction option utilized to demonstrate compliance with the vector attraction reductions requirements and provide the data that demonstrate compliance with the applicable alternative. _____
4. Do the biosolids to be land applied meet the ceiling/pollutant concentrations in 9VAC25-31-540 B? ☐ Yes ☐ No
5. Has data from the most recent 3 samples for pH (S.U.), Percent Solids (%), Ammonium Nitrogen (mg/kg), Nitrate Nitrogen (mg/kg), Total Kjeldahl Nitrogen (mg/kg), Total Phosphorus (mg/kg), Total Potassium (mg/kg), Alkalinity as $CaCO_3$ (mg/kg), Arsenic (mg/kg), Cadmium (mg/kg), Copper (mg/kg), Lead (mg/kg), Mercury (mg/kg), Nickel (mg/kg), Selenium (mg/kg), Zinc (mg/kg) been submitted to DEQ? The samples shall be no more than 4½ years old and each sampling date shall be at least 1 month apart. ☐ Yes ☐ No

   If no, provide the data with this application.

Part 3 – Land Application of Class B Biosolids (To be completed by all facilities that land apply Class B biosolids.)

1. Provide to DEQ and to each locality in which biosolids are to be land applied, written evidence of financial responsibility. Evidence of financial responsibility shall be provided in accordance with 9VAC25-31-100 P 9.
2. For each site, provide a properly completed landowner agreement for each landowner, using the most current Land Application Agreement - Biosolids Form (VPDES Sewage Sludge Permit Application Form – Attachment to Section C).
3. Are any new land application fields proposed at this reissuance? ☐ Yes ☐ No

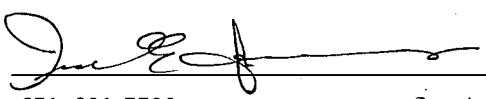
   If yes, contact the DEQ Regional Office for additional submittal requirements.
4. For the currently permitted land application fields, are the previously submitted site booklets, maps and acreage accurate. ☐ Yes ☐ No

   If no, contact the DEQ Regional Office for additional submittal requirements.
5. Does the facility's Biosolids Management Plan on file with DEQ include the following minimum information? ☐ Yes ☐ No
   a. An odor control plan that addresses the abatement of odors resulting from the storage and/or land application of biosolids.
   b. A description of the transport vehicles to be used.
   c. Procedures for biosolids offloading at the land application site including spill prevention, cleanup (including vehicle cleaning), field reclamation, and emergency notification and cleanup measures.
   d. A description of the land application equipment including procedures for calibrating equipment to ensure uniform distribution and appropriate loading rates.
   e. Procedures used to ensure that land application activities address notification requirements, signage requirements, slope restrictions, operation limitations during periods of inclement weather, soil pH requirements, buffer zone requirements, and site restrictions.
   f. Any other information necessary to ensure compliance with the requirements of the Biosolids Program of the VPDES Permit Regulation (9VAC25-31-420 through 720).

Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and Official Title: Fred E. Jennings, Chief Executive Officer

Signature: 

Telephone number / Email: (571) 291-7700 / fjennings@loudounwater.org

Date signed: 1/13/15

(Based on a review of this information, it may be necessary to submit additional information to meet other legal or technical review requirements.)

Prepared by the Loudoun Water GIS Department; please report errors and updates to: GISSupport@loudounwater.org.

LOUDOUN WATER

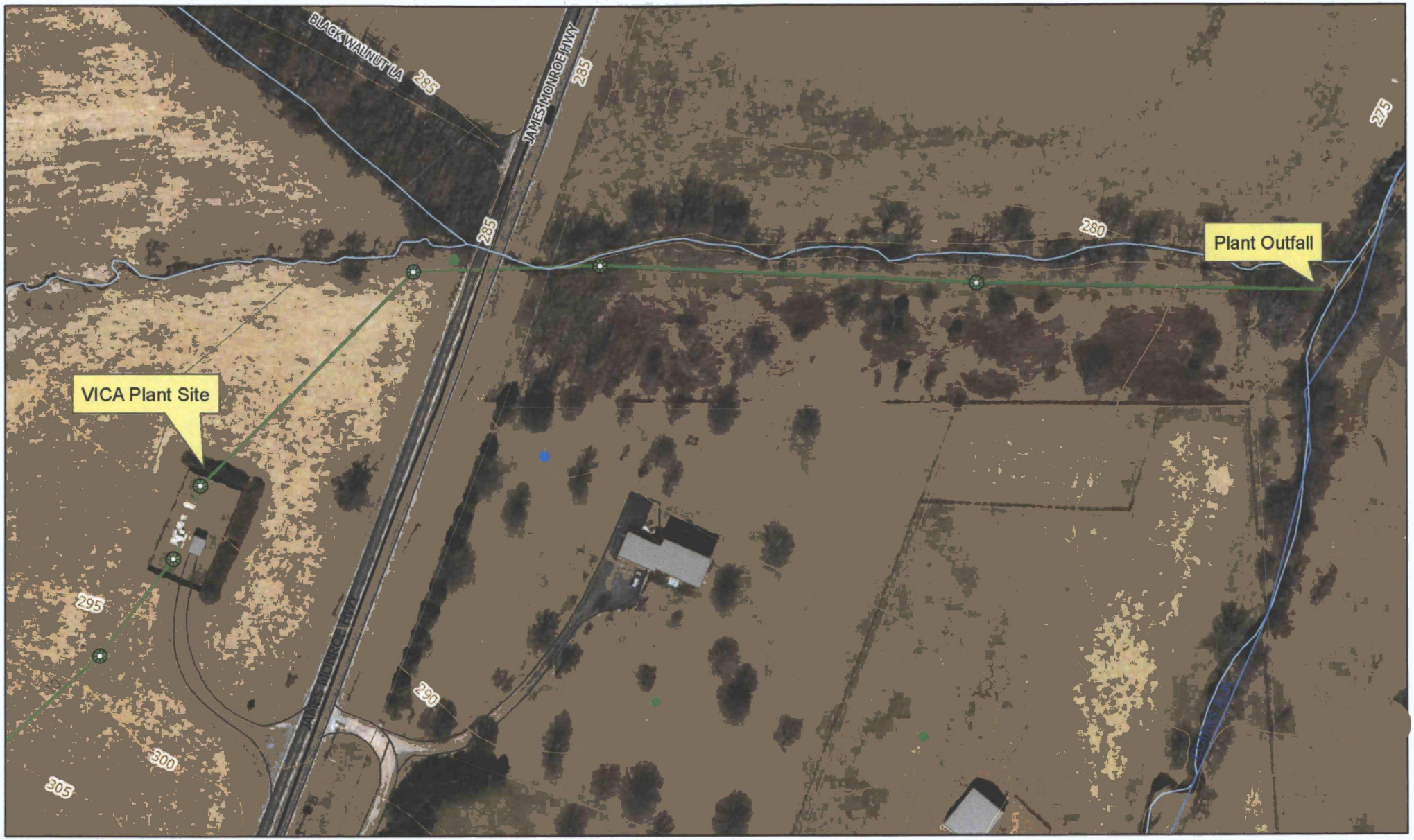
V:\GIS\Projects\Community_Systems\Skills USA_VICA TOPO.mxd

Skills USA/VICA Wastewater Treatment Plant December 2014

0 305 610 1,220 Feet

1 inch = 400 feet

- Well
- Sewage Disposal System
- 100 Yr Floodplain
- 25 Ft Contours
- 1/4 Mile Buffer



Prepared by the Loudoun Water GIS Department; please report errors and updates to: GISSupport@loudounwater.org.

V:\GIS\Projects\Community_Systems\Skills USA_VICA_Close_Up.mxd

LOUDOUN WATER

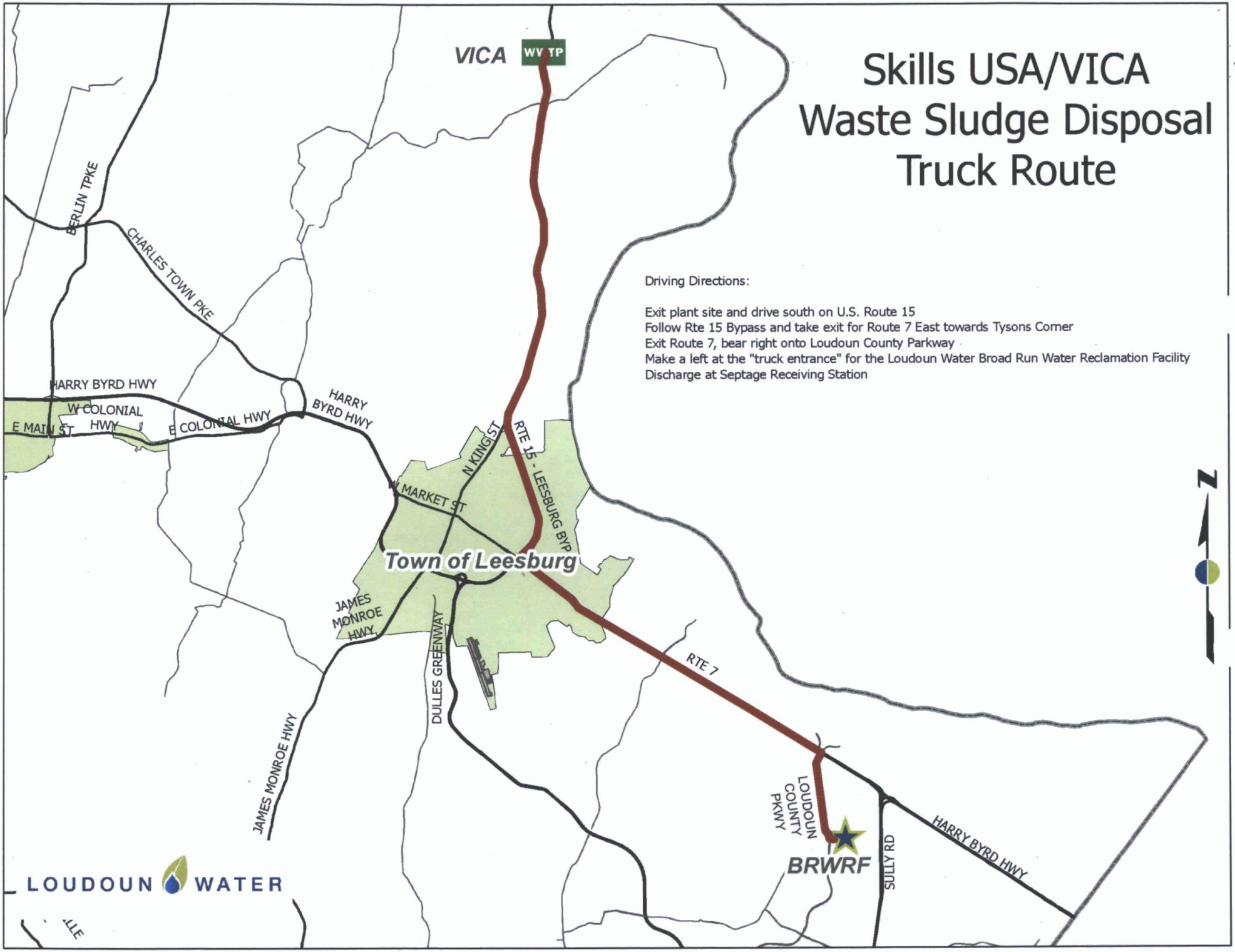
0 125 250 500 Feet

1 inch = 125 feet

Skills USA/VICA Wastewater Treatment Plant December 2014

Manhole
Gravity Main
Well
Sewage Disposal System

Skills USA/VICA
Waste Sludge Disposal
Truck Route



Driving Directions:

Exit plant site and drive south on U.S. Route 15
Follow Rte 15 Bypass and take exit for Route 7 East towards Tysons Corner
Exit Route 7, bear right onto Loudoun County Parkway
Make a left at the "truck entrance" for the Loudoun Water Broad Run Water Reclamation Facility
Discharge at Septage Receiving Station

PUBLIC NOTICE BILLING INFORMATION

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in accordance with 9 VAC 25-31-290.C.2.

Agent/Department to be billed: **P&AM Division – Ben Shoemaker**

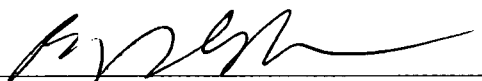
Owner: **Loudoun Water**

Applicant's Address: **Attn: Accounts Payable**

44865 Loudon Water Way

Ashburn, VA 20146

Agent's Telephone Number: **571-291-7700**

Authorizing Agent: 

Signature

Ben Shoemaker

Loudoun Water – Skills/VICA WWTP **(Please include facility name on invoice)**

Please return to:

Alison Thompson
VA-DEQ, NVRO
13901 Crown Court
Woodbridge, VA 22193-1453
Fax: (703)583-3841

VICA/SkillsUSA WWTP - 2015 VPDES Permit Renewal - Effluent Data - 3-YR Record 2012-2014

YEAR	2011	2012	2012	2012	2012	2012	2012	2012	2012	2012	2012	2012	2012	2013	2013	2013	2013	2013	2013	2013	2013	2013	2013	2013	2013	2014	2014	2014	2014	2014	2014	2014	2014	2014	2014
Month	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
FLOW/mgd																																					
# Sample	N/A	3	4	4	4	5	3	3	5	3	4	4	3	3	2	4	4	3	3	2	3	5	3	3	3	4	4	4	3	4	2	3	3	5	5	4	3
MAX	N/A	0.0032	0.0032	0.0028	0.0032	0.0036	0.0032	0.0036	0.0036	0.0036	0.0032	0.0032	0.0028	0.0036	0.0032	0.0028	0.0036	0.0036	0.0028	0.0032	0.0032	0.0032	0.0032	0.0032	0.0032	0.0032	0.0036	0.0032	0.0032	0.0036	0.0044	0.0032	0.0036	0.0032	0.0036	0.0032	0.0028
AVG	N/A	0.0029	0.0021	0.0025	0.0027	0.0030	0.0027	0.0035	0.0025	0.0027	0.0024	0.0027	0.0027	0.0033	0.0028	0.0025	0.0027	0.0027	0.0025	0.0032	0.0031	0.0026	0.0020	0.0028	0.0027	0.0025	0.0020	0.0024	0.0027	0.0031	0.0040	0.0031	0.0033	0.0027	0.0026	0.0026	0.0023
pH/S.U.																																					
# Sample	N/A	3	4	4	4	5	3	3	5	3	4	4	3	3	2	4	4	3	3	2	3	5	3	3	3	4	4	4	3	4	2	3	3	5	5	4	3
MAX	N/A	7.4	7.2	7.6	7.3	7.4	7.2	7.6	7.8	7.7	7.9	7.9	8.3	7.6	7.2	7.7	7.5	7.5	7.6	7.6	7.5	7.7	7.5	7.8	7.9	7.9	7.7	7.6	7.6	7.8	7.7	7.8	7.9	7.9	7.7	8.0	7.5
MIN	N/A	6.8	6.8	6.9	7.1	7.0	7.0	7.4	7.3	7.5	7.5	7.7	7.4	7.5	6.6	7.4	7.2	7.3	7.5	7.4	7.4	7.2	6.8	7.5	7.8	7.5	7.6	7.5	7.4	7.4	7.5	7.5	7.6	7.6	7.5	7.5	7.5
TEMP/°C																																					
# Sample	4	3	4	4	4	5	3	3	5	3	4	4	3	3	2	4	4	3	3	2	3	5	3	3	3	4	4	4	3	4	2	3	3	5	5	4	3
Monthly MAX	10.6	6.2	6.8	11.2	12.7	19.6	21.4	24.0	24.6	23.9	19.9	14.3	10.3	7.5	5.5	6.4	12.4	16.5	20.9	24.8	23.9	22.3	18.7	13.5	7.9	5.6	4.3	6.2	11.4	18.2	22.4	23.3	23.7	23.9	20.1	14.2	9.3
Monthly MIN	9.2	5.8	6.3	9.4	12.1	16.9	20.1	23.7	24.0	21.8	18.3	11.7	9.7	6.6	5.3	6.3	10.3	14.7	19.2	24.2	23.2	20.4	16.7	11.5	6.7	4.8	3.9	5.5	9.7	16.2	21.2	22.8	23.1	21.6	17.8	11.5	8.5
BOD-5/mgl																																					
# Sample	N/A	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
MAX	N/A	2.6	3.2	3.4	7.1	1.1	1.0	1.7	5.8	5.8	5.3	6.7	12.9	8.8	8.0	4.4	30.0	2.5	3.4	3.3	1.8	1.0	2.1	4.0	1.6	6.8	4.5	3.8	3.0	1.9	1.5	1.9	2.1	2.5	1.2	1.9	3.2
AVG	N/A	2.6	3.2	3.4	7.1	1.1	1.0	1.7	5.8	5.8	5.3	6.7	12.9	8.8	8.0	4.4	15.9	2.5	3.4	3.3	1.8	1.0	2.1	4.0	1.6	6.8	4.5	3.8	3.0	1.9	1.5	1.9	2.1	2.5	1.2	1.9	3.2
E.COLI #/100 ml																																					
# Sample	N/A	N/D	N/D	4	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	4	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	4	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D
MAX	N/A	N/D	N/D	<1	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	<1	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	1.0	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D
AVG	N/A	N/D	N/D	<1	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	<1	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	1.0	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D
TSS/mgl																																					
# Sample	N/A	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
MAX	N/A	2.3	1.8	7.2	6.7	2.4	1.4	2.4	3.0	6.3	8.6	6.2	11.1	8.3	6.5	4.3	22.4	3.9	2.1	3.5	2.0	1.2	1.0	4.5	3.2	7.2	4.2	3.5	3.6	2.2	1.3	2.0	1.5	2.5	2.0	2.1	1.9
AVG	N/A	2.3	1.8	7.2	6.7	2.4	1.4	2.4	3.0	6.3	8.6	6.2	11.1	8.3	6.5	4.3	22.4	3.9	2.1	3.5	2.0	1.2	1.0	4.5	3.2	7.2	4.2	3.5	3.6	2.2	1.3	2.0	1.5	2.5	2.0	2.1	1.9
NH3-N/mgl (1)																																					
# Sample	N/A	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
MAX	N/A	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.3	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1
AVG	N/A	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.3	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
DO/mgl																																					
# Sample	N/A	3	4	4	4	5	3	3	5	3	4	4	3	3	2	4	4	3	3	2	3	5	3	3	3	4	4	4	3	4	2	3	3	5	5	4	3
MAX	N/A	13.0	13.8	8.6	11.0	10.6	8.5	8.6	7.8	8.1	8.8	10.5	10.4	11.8	12.6	12.2	11.4	9.8	8.1	8.1	7.9	8.9	9.6	10.6	11.8	12.3	13.0	11.8	10.2	9.4	8.5	8.6	8.5	8.3	9.0	11.1	12.4
AVG	N/A	12.4	11.7	7.4	9.8	9.0	8.3	7.9	7.4	7.7	8.6	9.8	8.7	10.9	12.2	11.4	10.4	8.7	7.4	8.1	7.8	7.8	9.1	9.8	11.5	11.8	12.3	11.1	10.0	8.7	8.1	8.3	8.2	8.1	8.7	10.5	10.9
TRC/mgl																																					
# Sample	N/A	3	4	4	4	5	3	3	5	3	4	4	3	3	2	4	4	3	3	2	3	5	3	3	3	4	4	4	3	4	2	3	3	5	5	4	3
MAX	N/A	2.5	1.5	4.6	11.0	7.8	4.3	4.7	5.4	12.2	3.7	5.9	15.6	6.7	1.9	2.1	1.8	7.9	3.8	3.3	1.9	6.0	2.0	12.6	19.0	7.8	6.0	16.0	4.0	3.9	2.4	3.3	3.0	4.6	5.7	12.3	2.6
AVG	N/A	2.1	1.1	2.7	6.4	3.4	3.2	3.2	2.0	5.8	2.5	3.6	7.5	3.6	1.6	1.6	1.3	4.1	2.6	2.2	1.5	4.0	1.5	6.8	11.9	5.1	3.6	5.6	2.4	2.8	2.2	2.8	2.1	2.9	3.8	3.1	2.1
TRC-DECHLOR/mgl																																					
# Sample	N/A	3	4	4	4	5	3	3	5	3	4	4	3	3	2	4	4	3	3	2	3	5	3	3	3	4	4	4	3	4	2	3	3	5	5	4	3
MAX	N/A	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
AVG	N/A	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

DATA SUMMARY	# samp	day avg	day max
Flow Jan 12-Dec 12	45	0.0027	0.0036
Flow Jan 13-Dec 13	38	0.0027	0.0035
Flow Jan 14-Dec 14	44	0.0028	0.0044
3YR Flow	127	0.0027	0.0044
pH Min Jan 12-Dec 12	45	6.8	
pH Min Jan 13-Dec 13	38	6.6	
pH Min Jan 14-Dec 14	44	7.4	
3YR pH Min	127	6.6	
pH Max Jan 12-Dec 12	45		8.30
pH Max Jan 13-Dec 13	38		7.90
pH Max Jan 14-Dec 14	44		8.00
3 YR pH Max	127		8.30
BOD-5 Jan 12-Dec 12	12	4.72	12.94
BOD-5 Jan 13-Dec 13	13	4.73	30.00
BOD-5 Jan 14-Dec 14	11	2.85	6.80
3YR BOD-5	36	4.10	30.00
E. coli Jan 12-Dec 12	4	<1	<1
E. coli Jan 13-Dec 13	4	<1	<1
E. coli Jan 14-Dec 14	4	<1	<1
3 YR E. coli	12	<1	<1
TSS Jan 12-Dec 12	12	4.95	11.10
TSS Jan 13-Dec 13	12	5.24	22.40
TSS Jan 14-Dec 14	11	2.83	7.20
3YR TSS	35	4.34	22.40
NH3 Jan 12-Dec 12	12	0.08	0.30
NH3 Jan 13-Dec 13	12	0.00	0.00
NH3 Jan 14-Dec 14	11	0.01	0.12
3YR NH3	35	0.03	0.30
DO Jan 12-Dec 12	45	9.06	13.80
DO Jan 13-Dec 13	38	9.59	12.60
DO Jan 14-Dec 14	44	9.73	13.00
3YR DO	127	9.46	13.80
TRC Jan 12-Dec 12	45	5.37	15.60
TRC Jan 13-Dec 13	38	3.56	19.00
TRC Jan 14-Dec 14	41	3.21	16.00
3YR TRC	124	3.46	19.00
TRC-Dechlor Jan 12-Dec 12	45	0.00	0.00
TRC-Dechlor Jan 13-Dec 13	38	0.00	0.00
TRC-Dechlor Jan 14-Dec 14	41	0.00	0.00
3YR TRC-Dechlor	124	0.00	0.00

TEMP	2011-12	YR 2013	YR 2014	YR 12-14
# Samp	24	19	22	65
Winter Min	5.8	5.3	3.9	3.9
Winter Max	20	17	18	20
# Samp	22	19	22	63
Summer Max	24.6	24.8	23.9	24.8
Summer Min	11.7	11.5	11.5	11.5

Winter 12/01/XX-05/31/XX
Summer 06/01/XX-11/30/XX

The 2011-12 column includes Dec 2011 for the correct temp time span per permit.

NOTES

1. NH3-N recorded as 0.0 when lab result was less than QL (QL = <0.2)
2. N/A - Not Applicable N/D - No Data

VICA/SkillsUSA WWTP - 2015 VPDES Permit Renewal - Effluent Data - 3-YR Record 2012-2014

YEAR	2011	2012	2012	2012	2012	2012	2012	2012	2012	2012	2012	2012	2012	2013	2013	2013	2013	2013	2013	2013	2013	2013	2013	2013	2013	2014	2014	2014	2014	2014	2014	2014	2014	2014	2014	2014
Month	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
FLOW/mgd																																					
# Sample	N/A	3	4	4	4	5	3	3	5	3	4	4	3	3	2	4	4	3	3	2	3	5	3	3	3	4	4	4	3	4	2	3	3	5	5	4	3
MAX	N/A	0.0032	0.0032	0.0028	0.0032	0.0036	0.0032	0.0036	0.0036	0.0036	0.0032	0.0032	0.0028	0.0036	0.0032	0.0028	0.0036	0.0036	0.0028	0.0032	0.0032	0.0032	0.0032	0.0032	0.0032	0.0032	0.0036	0.0032	0.0032	0.0036	0.0044	0.0032	0.0036	0.0032	0.0036	0.0032	0.0028
AVG	N/A	0.0029	0.0021	0.0025	0.0027	0.0030	0.0027	0.0035	0.0025	0.0027	0.0024	0.0027	0.0027	0.0033	0.0028	0.0025	0.0027	0.0027	0.0025	0.0032	0.0031	0.0026	0.0020	0.0028	0.0027	0.0025	0.0020	0.0024	0.0027	0.0031	0.0040	0.0031	0.0033	0.0027	0.0026	0.0026	0.0023
pH/S.U.																																					
# Sample	N/A	3	4	4	4	5	3	3	5	3	4	4	3	3	2	4	4	3	3	2	3	5	3	3	3	4	4	4	3	4	2	3	3	5	5	4	3
MAX	N/A	7.4	7.2	7.6	7.3	7.4	7.2	7.6	7.8	7.7	7.9	7.9	8.3	7.6	7.2	7.7	7.5	7.5	7.6	7.6	7.5	7.7	7.5	7.8	7.9	7.9	7.7	7.6	7.6	7.8	7.7	7.8	7.9	7.9	7.7	8.0	7.5
MIN	N/A	6.8	6.8	6.9	7.1	7.0	7.0	7.4	7.3	7.5	7.5	7.7	7.4	7.5	6.6	7.4	7.2	7.3	7.5	7.4	7.4	7.2	6.8	7.5	7.8	7.5	7.6	7.5	7.4	7.4	7.5	7.5	7.6	7.6	7.5	7.5	7.5
TEMP/°C																																					
# Sample	4	3	4	4	4	5	3	3	5	3	4	4	3	3	2	4	4	3	3	2	3	5	3	3	3	4	4	4	3	4	2	3	3	5	5	4	3
Monthly MAX	10.6	6.2	6.8	11.2	12.7	19.6	21.4	24.0	24.6	23.9	19.9	14.3	10.3	7.5	5.5	6.4	12.4	16.5	20.9	24.8	23.9	22.3	18.7	13.5	7.9	5.6	4.3	6.2	11.4	18.2	22.4	23.3	23.7	23.9	20.1	14.2	9.3
Monthly MIN	9.2	5.8	6.3	9.4	12.1	16.9	20.1	23.7	24.0	21.8	18.3	11.7	9.7	6.6	5.3	6.3	10.3	14.7	19.2	24.2	23.2	20.4	16.7	11.5	6.7	4.8	3.9	5.5	9.7	16.2	21.2	22.8	23.1	21.6	17.8	11.5	8.5
BOD-5/mgl																																					
# Sample	N/A	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
MAX	N/A	2.6	3.2	3.4	7.1	1.1	1.0	1.7	5.8	5.8	5.3	6.7	12.9	8.8	8.0	4.4	30.0	2.5	3.4	3.3	1.8	1.0	2.1	4.0	1.6	6.8	4.5	3.8	3.0	1.9	1.5	1.9	2.1	2.5	1.2	1.9	3.2
AVG	N/A	2.6	3.2	3.4	7.1	1.1	1.0	1.7	5.8	5.8	5.3	6.7	12.9	8.8	8.0	4.4	15.9	2.5	3.4	3.3	1.8	1.0	2.1	4.0	1.6	6.8	4.5	3.8	3.0	1.9	1.5	1.9	2.1	2.5	1.2	1.9	3.2
E.COLI #/100 ml																																					
# Sample	N/A	N/D	N/D	4	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	4	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	4	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D
MAX	N/A	N/D	N/D	<1	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	<1	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	1.0	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D
AVG	N/A	N/D	N/D	<1	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	<1	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	1.0	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D
TSS/mgl																																					
# Sample	N/A	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
MAX	N/A	2.3	1.8	7.2	6.7	2.4	1.4	2.4	3.0	6.3	8.6	6.2	11.1	8.3	6.5	4.3	22.4	3.9	2.1	3.5	2.0	1.2	1.0	4.5	3.2	7.2	4.2	3.5	3.6	2.2	1.3	2.0	1.5	2.5	2.0	2.1	1.9
AVG	N/A	2.3	1.8	7.2	6.7	2.4	1.4	2.4	3.0	6.3	8.6	6.2	11.1	8.3	6.5	4.3	22.4	3.9	2.1	3.5	2.0	1.2	1.0	4.5	3.2	7.2	4.2	3.5	3.6	2.2	1.3	2.0	1.5	2.5	2.0	2.1	1.9
NH3-N/mgl (1)																																					
# Sample	N/A	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
MAX	N/A	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.3	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1
AVG	N/A	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.3	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1
DO/mgl																																					
# Sample	N/A	3	4	4	4	5	3	3	5	3	4	4	3	3	2	4	4	3	3	2	3	5	3	3	3	4	4	4	3	4	2	3	3	5	5	4	3
MAX	N/A	13.0	13.8	8.6	11.0	10.6	8.5	8.6	7.8	8.1	8.8	10.5	10.4	11.8	12.6	12.2	11.4	9.8	8.1	8.1	7.9	8.9	9.6	10.6	11.8	12.3	13.0	11.8	10.2	9.4	8.5	8.6	8.5	8.3	9.0	11.1	10.9
AVG	N/A	12.4	11.7	7.4	9.8	9.0	8.3	7.9	7.4	7.7	8.6	9.8	8.7	10.9	12.2	11.4	10.4	8.7	7.4	8.1	7.8	7.8	9.1	9.8	11.5	11.8	12.3	11.1	10.0	8.7	8.1	8.3	8.2	8.1	8.7	10.5	10.9
TRC/mgl																																					
# Sample	N/A	3	4	4	4	5	3	3	5	3	4	4	3	3	2	4	4	3	3	2	3	5	3	3	3	4	4	4	3	4	2	3	3	5	5	4	3
MAX	N/A	2.5	1.5	4.6	11.0	7.8	4.3	4.7	5.4	12.2	3.7	5.9	15.6	6.7	1.9	2.1	1.8	7.9	3.8	3.3	1.9	6.0	2.0	12.6	19.0	7.8	6.0	16.0	4.0	3.9	2.4	3.3	3.0	4.6	5.7	12.3	2.6
AVG	N/A	2.1	1.1	2.7	6.4	3.4	3.2	3.2	2.0	5.8	2.5	3.6	7.5	3.6	1.6	1.6	1.3	4.1	2.6	2.2	1.5	4.0	1.5	6.8	11.9	5.1	3.6	5.6	2.4	2.8	2.2	2.8	2.1	2.9	3.8	3.1	2.1
TRC-DECHLOR/mgl																																					
# Sample	N/A	3	4	4	4	5	3	3	5	3	4	4	3	3	2	4	4	3	3	2	3	5	3	3	3	4	4	4	3	4	2	3	3	5	5	4	3
MAX	N/A	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
AVG	N/A	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

DATA SUMMARY		# samp	day avg	day max
Flow Jan 12-Dec 12		45	0.0027	0.0036
Flow Jan 13-Dec 13		38	0.0027	0.0035
Flow Jan 14-Dec 14		44	0.0028	0.0044
3YR Flow		127	0.0027	0.0044
pH Min Jan 12-Dec 12		45	6.8	
pH Min Jan 13-Dec 13		38	6.6	
pH Min Jan 14-Dec 14		44	7.4	
3YR pH Min		127	6.6	
pH Max Jan 12-Dec 12		45		8.30
pH Max Jan 13-Dec 13		38		7.90
pH Max Jan 14-Dec 14		44		8.00
3 YR pH Max		127		8.30
BOD-5 Jan 12-Dec 12		12	4.72	12.94
BOD-5 Jan 13-Dec 13		13	4.73	30.00
BOD-5 Jan 14-Dec 14		11	2.85	6.80
3YR BOD-5		36	4.10	30.00
E. coli Jan 12-Dec 12		4	<1	<1
E. coli Jan 13-Dec 13		4	<1	<1
E. coli Jan 14-Dec 14		4	<1	<1
3 YR E. coli		12	<1	<1
TSS Jan 12-Dec 12		12	4.95	11.10
TSS Jan 13-Dec 13		12	5.24	22.40
TSS Jan 14-Dec 14		11	2.83	7.20
3YR TSS		35	4.34	22.40
NH3 Jan 12-Dec 12		12	0.08	0.30
NH3 Jan 13-Dec 13		12	0.00	0.00
NH3 Jan 14-Dec 14		11	0.01	0.12
3YR NH3		35	0.03	0.30
DO Jan 12-Dec 12		45	9.06	13.80
DO Jan 13-Dec 13		38	9.59	12.60
DO Jan 14-Dec 14		44	9.73	13.00
3YR DO		127	9.46	13.80
TRC Jan 12-Dec 12		45	5.37	15.60
TRC Jan 13-Dec 13		38	3.56	19.00
TRC Jan 14-Dec 14		41	3.21	16.00
3YR TRC		124	3.46	19.00
TRC-Dechlor Jan 12-Dec 12		45	0.00	0.00
TRC-Dechlor Jan 13-Dec 13		38	0.00	0.00
TRC-Dechlor Jan 14-Dec 14		41	0.00	0.00
3YR TRC-Dechlor		124	0.00	0.00

TEMP	2011-12	YR 2013	YR 2014	YR 12-14
# Samp	24	19	22	65
Winter Min	5.8	5.3	3.9	3.9
Winter Max	20	17	18	20
# Samp	22	19	22	63
Summer Max	24.6	24.8	23.9	24.8
Summer Min	11.7	11.5	11.5	11.5

Winter 12/01/XX-05/31/XX
Summer 06/01/XX-11/30/XX

The 2011-12 column includes Dec 2011 for the correct temp time span per permit.

NOTES

1. NH3-N recorded as 0.0 when lab result was less than QL (QL = <0.2)
2. N/A - Not Applicable N/D - No Data